

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007812

FILED
Jun 11, 2007
Secretary of State

Entity Name: MISSION EDUCATION INTERNATIONAL, INC.

Current Principal Place of Business:

4697 CANAL DRIVE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

4697 CANAL DRIVE
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 76-0789910 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OLIVE, MICHAEL E PRES
4697 CANAL DRIVE
LAKE WORTH, FL 33463 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OLIVE, MICHAEL
Address: 4697 CANAL DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: V () Delete
Name: KUSCHEL, MARK
Address: 1707 KATHERINE CT.
City-St-Zip: LAKE WORTH, FL 33461

Title: S () Delete
Name: NETWIG, CINDY
Address: 1957 S.W. LENNOX STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: TORTOLINI, CRISTINA
Address: 21400 TUDOR DRIVE
City-St-Zip: BOCA RATON, Q 33486

Title: S (X) Change () Addition
Name: OLIVE, KELLY
Address: 4697 CANAL DRIVE
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL OLIVE

D

06/11/2007

Electronic Signature of Signing Officer or Director

Date